

ORIGINAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

CONFIDENTIAL

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5192  
Name: Shawmar Oil & Gas Co., Inc.  
Address: P.O. Box 9  
City/State/Zip: Marion, KS 66861  
Purchaser: NCRA  
Operator Contact Person: James M. Cloutier  
Phone: (620) 382-2932  
Contractor: Name: KAN-DRILL, INC  
License: 32548  
Wellsite Geologist: \_\_\_\_\_

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SLOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_  
Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
 Deepening  Re-perf.  Conv. to Enhr./SWD  
 Plug Back  Plug Back Total Depth  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?)  Docket No. \_\_\_\_\_

05/12/04 05/20/04 06/24/04  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15-115-21317-00-00  
County: Marion  
C. N  $\frac{1}{2}$  SE  $\frac{1}{4}$  Sec. 22 Twp. 18 S. R. 4  East  West  
1980 feet from S N (circle one) Line of Section  
1320 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW

Lease Name: MOSS Well #: 8  
Field Name: Lost Springs  
Producing Formation: Mississippi Chat

Elevation: Ground: 1416 Kelly Bushing: \_\_\_\_\_  
Total Depth: 2384 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 203 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set N/a Feet  
If Alternate II completion, cement circulated from \_\_\_\_\_  
feet depth to \_\_\_\_\_ w/ \_\_\_\_\_  
**RECEIVED**  
**SEP 07 2004**  
**KCC WICHITA**

Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)  
Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: [Signature]  
Title: President Date: Sept. 2, 2004

Subscribed and sworn to before me this 2nd day of September,  
2004.

Notary Public: [Signature] **CAROL MAKOVEC**  
**NOTARY PUBLIC**  
Date Commission Expires: 03/01/08  
**STATE OF KANSAS**  
*My Appt. Exp. March 1, 2008*

**KCC Office Use ONLY**

- Letter of Confidentiality Attached
- If Denied, Yes  Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution